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CONFIRMATION NO. 3876

SERIAL NUMBER 10/632,694	FILING OR 371(c) DATE 08/01/2003 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. SURR113
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## APPLICANTS

Anthony Allison, Belmont, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/080,370 02/21/2002  
 and claims benefit of 60/400,718 08/02/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/06/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	 Examiner's Signature	Initials			

## ADDRESS

25871

## TITLE

MODIFIED ANNEXIN PROTEINS AND METHODS FOR TREATING VASO-OCCLUSIVE SICKLE-CELL DISEASE

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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